

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/914152

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
14		2				
15		2				
16		2				
17		2				
18	1	2				
19	1	0				
20	1	0				
21		0				
22		0				
23		3				
24		0				
25		2				
26	1					
27		1				
28		2				
29		1				
30		1				
31	1	1				
32		2				
33		2				
34		2				
35		2				
36		2				
37		2				
38		2				
39		2				
40	1	1				
41		1				
42		1				
43		2				
44	1	2				
45	1	2				
46		2				
47		2				
48		2				
49						
50						
TOTAL	7					
TOTAL						
TOTAL						
CLAIMS						

	* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL						
IND.						
DEP.						
CLAIMS						